

HAP Senior Plus HMO

Has State of Michigan Retirees Covered

	HAP SENIOR PLUS COVERAGE:		HAP SENIOR PLUS COVERAGE:
PREVENTIVE SERVICES:	\$10 copay per visit	CHEMICAL DEPENDENCY:	
Periodic Health Evaluations, Screening Tests, Physical Exams and Immunizations Breast & Pelvic Exams and Pap Smears Breast Cancer Screenings (mammography) Eye and Hearing Exams		Inpatient Chemical Dependency Treatment	Covered according to Medicare guidelines
		Outpatient Chemical Dependency Treatment	\$10 copay per visit; Covered according to Medicare guidelines
OUTPATIENT SERVICES:	\$10 copay per visit may apply	MENTAL HEALTH:	
Outpatient Surgery and Related Services Operating, Recovery and other Treatment Rooms Diagnostic Laboratory Tests; X-rays and Pathology Services Radiation Therapy Anesthesia Services Physical, Speech and Occupational Therapy		Inpatient Mental Health Hospital Services	190 days per lifetime according to Medicare guidelines, then covered 45 days renewable after 60 days
	Covered according to Medicare guidelines	Outpatient Professional Mental Health Services	\$10 copay per visit; Covered according to Medicare guidelines
INPATIENT HOSPITAL SERVICES:		ADDITIONAL BENEFITS:	
Days of Care	Unlimited	Prescription Drugs	\$5 generic / \$10 preferred brand-name copay per prescription
Semi-Private Room (Specialty Care Units; when medically necessary)	Covered	Durable Medical Equipment (Wheelchairs, Special Beds, etc.)	Covered for authorized equipment
Surgery and Related Services	Covered	Prosthetic Appliances	Covered for authorized equipment
Anesthesia	Covered	Orthotic Devices (Special Back Braces, etc.)	Covered for authorized equipment
Lab Tests, EKGs, EEGs and similar tests	Covered	Skilled Nursing Care in Convalescent Facility	Covered up to 730 days per benefit period according to Medicare/HAP guidelines
Physical Therapy	Covered	Eyeglasses	Medicare covered eyewear
Physician Services	Covered	Contact Lens Allowance	1 pair of eyeglasses or contact lenses after cataract surgery according to Plan guidelines
Diagnostic & Therapeutic X-Ray Services	Covered	Hearing Aids	Covered for authorized conventional hearing aids.
HOME HEALTH CARE:			
Home Health Care (by RN or LPN)	Covered; according to Medicare/HAP guidelines		
Hospice Care	You must receive care from a Medicare- certified hospice		
EMERGENCY/URGENT CARE:			
Covered in any hospital or urgent care facility when unable to reach a HAP facility; usually billed directly to HAP			
Emergency Room Services	\$50 copay per visit		
Emergency Ambulance	Covered		
Urgent Care Facility Services	\$10 copay per visit		

BENEFIT CODE: SSBB

Metro Detroit area:
(248) 443-1000

senior plus
powered by **hap**

This is a summary of coverage, and is subject to the terms and conditions of your actual Evidence of Coverage (EOC). In case of conflicts between this Summary and your EOC, the terms and conditions of the EOC govern. You must continue to pay your Medicare Part B premium. You must use HAP Senior Plus contracted providers.